

급성신부전 환자에서 발생한 운동 이상과 과도 발한으로 발현된 레미펜타닐과 관련된 세로토닌 증후군

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Remifentanil Associated Serotonin Syndrome Manifesting as Movement Disorder and Excessive Sweating in a Patient with Septic Acute Renal Failure

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Opioid analgesics are one of drugs associated with serotonin syndrome (SS) presenting as a constellation of symptoms which includes mental status changes, neuromuscular abnormalities, and autonomic dysfunction. Remifentanil is a potent ultra short-acting synthetic opioid analgesic drug and used commonly for sedation in intensive care unit (ICU). However, there is no report of remifentanil associated SS. 71-year-old woman who manifested signs of serotonin syndrome after remifentanil continuous infusion is presented. She was diagnosed as liver abscess (6.5 cm diameter at S8 segment) accompanied by acute renal failure (ARF) and respiratory failure. Her initial serum creatinine was 2.48 mg/dL and increased to 6.99 mg/dL 7th after admission. Inotropic agent was infused and 2 g of ceftriaxone was injected for the management. She was intubated for the purpose of ventilator care 2nd day after admission and remifentanil was infused continuously for sedation for 3 days. With all remifentanil withdrawal at 5th day after admission, her mentality remained confused state, she started to move her both shoulders up and down automatically, showed oro-mandibular dyskinesia and excessive sweating on face and chest, and high fever (38°C) started off again. CSF analysis was normal and no brain lesion was shown brain CT. There was no response to oral clonazepam medication (1.5mg) and above symptoms and signs persisted for further 3 days. Instead, she completely responded to lorazepam 2 mg injection. She is following to outpatient clinic without any medical and neurologic sequela. Although remifentanil is ultra short-acting agent, it might be accumulated if larger amount and it is administered in the setting of ARF and could induce SS.

Key Words: 라미펜타닐, 급성신부전, 세로토닌 증후군
Ramifentanil, Acute renal failure, Serotonin syndrome